

Florida Department of Health, Bureau of Radiation Control, Radiation Machine Program
RADIATION MACHINE FACILITY REGISTRATION

A. The information provided is to inform the bureau of:

☐ New Facility Registration ☐ Changes to an existing registration – JR _____

B. ADDRESS INFORMATION for the physical location of the radiation machine(s)

Name of Facility posted at this location

Doctor or other responsible party at this location

Street Address of Facility (no PO Boxes, etc.)

Facility Telephone Number

City, State and Zip code

Facility FAX Number (optional)

County

E-mail address (optional)

C. BILLING/MAILING INFORMATION if different from address information

Billing/Mailing Name

Contact person for billing purposes

Billing/Mailing Address

Billing Telephone Number

Billing/Mailing City, State and Zip code

Billing FAX Number (optional)

D. COMPLIANCE INFORMATION if different from address information

Organization Name

Contact person for compliance

Address

Telephone Number

City, State and Zip code

FAX Number (optional)

If you have questions or need guidance on the registration process, please contact this office at:

Department of Health
Bureau of Radiation Control, Radiation Machine Program
705 Wells Rd Ste 300, Orange Park, Florida 32073
Phone: (904)278-5730 Fax: (904)278-5737
www.myfloridaeh.com/radiation/ion1.htm

RADIATION MACHINE FACILITY REGISTRATION

E. New Registrants only: Identify the facility category you are registering. If you meet two or more categories, a separate registration form must be submitted for each facility category.

- ☐ HS Licensed as a Hospital under Chapter 395, Florida Statutes
- ☐ DI Diagnostic Imaging Center (accept outside referrals for diagnostic imaging services)
- ☐ MO Licensed as a Portable X-ray provider under 42 CFR, Part 486, Subpart C, sections 486.100 – 110 as administered by the Agency for Health Care Administration, State of Florida
- ☐ MA Screening/Diagnostic Mammography provider certified by the FDA under MQSA
- ☐ MB Biopsy Mammography only
- ☐ DS Dentist licensed under Chapter 466, Florida Statutes
- ☐ DC Chiropractic Physician licensed under Chapter 460, Florida Statutes
- ☐ DO Osteopathic Physician licensed under Chapter 459, Florida Statutes
- ☐ MD Medical Doctor licensed under Chapter 458, Florida Statutes
- ☐ PM Podiatric Physician licensed under Chapter 461, Florida Statutes
- ☐ AM Medical Accelerator
- ☐ TH Therapy treatment planners and other non-accelerator therapy related machines
- ☐ AN Industrial Particle Accelerator
- ☐ ED Educational Institution
- ☐ IN Industrial
- ☐ VM Veterinarian licensed under Chapter 474, Florida Statutes

RADIATION MACHINE FACILITY REGISTRATION

F. Radiation Machine Information (use additional copies of this page if necessary)

1.					
	Manufacturer's Name	Model Name	Control Serial Number	Installation Date	Room
	<input type="checkbox"/> Machine recently installed (attach copy of installation form)		<input type="checkbox"/> Machine present at time of occupancy of facility		
	<input type="checkbox"/> Machine removed from this location		<input type="checkbox"/> Machine rendered inoperable		
2.					
	Manufacturer's Name	Model Name	Control Serial Number	Installation Date	Room
	<input type="checkbox"/> Machine recently installed (attach copy of installation form)		<input type="checkbox"/> Machine present at time of occupancy of facility		
	<input type="checkbox"/> Machine removed from this location		<input type="checkbox"/> Machine rendered inoperable		
3.					
	Manufacturer's Name	Model Name	Control Serial Number	Installation Date	Room
	<input type="checkbox"/> Machine recently installed (attach copy of installation form)		<input type="checkbox"/> Machine present at time of occupancy of facility		
	<input type="checkbox"/> Machine removed from this location		<input type="checkbox"/> Machine rendered inoperable		
4.					
	Manufacturer's Name	Model Name	Control Serial Number	Installation Date	Room
	<input type="checkbox"/> Machine recently installed (attach copy of installation form)		<input type="checkbox"/> Machine present at time of occupancy of facility		
	<input type="checkbox"/> Machine removed from this location		<input type="checkbox"/> Machine rendered inoperable		

G. COMMENTS: Please use the following space to enter additional information

H. By the signature below the applicant acknowledges this is an accurate record of the machine(s) in their use and acknowledges their responsibility to inform the bureau of any future changes to this registration within thirty days.

Signature

Title or Position

Print Name

Date